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36802 7590 07/22/2005

PACESETTER, INC.

15900 VALLEY VIEW COURT
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10/19/2005 TUESDAY 00000001 160068 10053462

01 FC:1501 1400.00 DA
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Cristene Amador

Cristene Amador

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/053,462	11/08/2001	Laurence S. Sloman	A01P1083	8664

TITLE OF INVENTION: PATIENT STATE INFORMATION IN CARDIAC STIMULATION DEVICE PARAMETERS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	10/24/2005
EXAMINER		ART UNIT	CLASS-SUBCLASS		
MULLEN, KRISTEN DROESCH		3762	607-028000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

PACESETTER, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

15900 Valley View Court
 Sylmar, CA 91392-9221

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Date 10/18/05

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TELECOPIER COVER SHEET

October 18, 2005

To: Assistant Commissioner for Patents	From: Cristene Amador Senior Patent Assistant 818/493-3103
Attention: BOX ISSUE FEE	ST. JUDE MEDICAL CRMD 15900 Valley View Court Sylmar, California 91392-9221
Telecopier: 571/273-2885	Telecopier: 818/362-4795
RE: Payment of ISSUE FEE Applic. No. 10/053,462 Filed: 11/08/2001 Docket No. A01P1083	Number of pages being sent: <u>2</u> (including cover page)